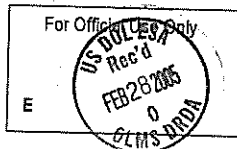


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5817</u>	2. Fiscal Year Covered From: <u>1 / 1 / 05</u> Through: <u>12 / 31 / 05</u>
3. Name and address of person filing. Name <u>CLIFFORD R Flesher</u> P.O. Box, Bldg., Room No., if any _____ Street <u>513 Stafford Cir</u> City <u>Castle Rock</u> State <u>Co</u> ZIP Code + 4 <u>80104</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local # 537</u> Labor Organization File Number <u>012638</u> P.O. Box, Building and Room Number, if any _____ Street <u>3245 Eliot St</u> City <u>Denver</u> State <u>Co</u> ZIP Code + 4 <u>80211</u>
5. Position in labor organization. <u>Local Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Kroger Co</u> Trade Name, if any: <u>King Soopers Division</u> P.O. Box, Bldg., Room No., if any _____ Street <u>65 Teyon St</u> City <u>Denver</u> State <u>Co</u> ZIP Code + 4 <u>80223</u>	7.a. Nature of Interest, Transaction, or Income. <u>HOLD 600 SHARES OF KROGER Common stock SOLD 600 SHARES OF KROGER Common stock FROM W. Flesher Employee stock purchase plan</u> 7.b. Amount. <u>23,719.50</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 2/26/06 (303) 660-4849
Date Telephone Number

FORM LM-30

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For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5817	2. Fiscal Year Covered From: / / Through: / /
3. Name and address of person filing. Name P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	4. Name, file number, and address of labor organization. Name Labor Organization File Number P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name SAFWAY INC. Denver Division Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6900 S. Yosemite St City Centennial State CO ZIP Code + 4 80112	7.a. Nature of Interest, Transaction, or Income. 335,164,855 SHARES of SAFWAY common stock THRU wife's Employer payroll stock purchase plan 7.b. Amount. 7,937.10

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

2/26/06

Date

303 600-4849

Telephone Number

Name of Person Filing <u>Elford R Fletcher</u>	File Number U- <u>5817</u>
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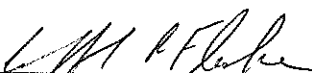
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. _____
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended Form LM-30.



Clifford R. Flesher

2-26-06
Date